附件2

广州市民办职业培训机构 办学水平评估报告书

**（2022——2023年）**

（供参考）

**单位名称 (盖章)**

**联 系 人**

**联系电话**

**填报时间 年 月 日**

**广州市人力资源和社会保障局制**

填 写 须 知

一、本报告书一式两份，用蓝色或黑色墨水笔填写或打印，内容真实无误。

二、本报告书中数据以上年度累计数为准。

三、本报告书中的数据、时间、电话号码等一律用阿拉伯数字填写。

四、本报告书必须经法定代表人签字及单位盖章。

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| 一、基 本 情 况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 机 构 名 称 | | | |  | | | | | | | | | | | | | | | | | | | | 许可  证号 | | | |  | | | | | |
| 机构注册地址 | | | |  | | | | | | | | | | | | | | | | | | | | 登记  日期 | | | |  | | | | | |
| 民办非企业法人  登记证号（非营利性） | | | |  | | | | | | 营业执照号（营利性） | | | | | |  | | | | | | | | 注册  资金 | | | | (万元) | | | | | |
| 法定代表人姓名 | | | |  | | | | | | 手机 | | | | | |  | | | | | | | | 身份证号码 | | | |  | | | | | |
| 校长姓名 | | | |  | | | | | | 手机 | | | | | | |  | | | | | | | 身份证号码 | | | |  | | | | | |
| 办学场  所来源 | | | | □自有  □个人或组织无偿提供  □租赁 | | | | | | | | | | | | | | | | | | | | 场所  期限 | | | | 年 月 日  至 年 月 日 | | | | | |
| 总面积(㎡) | | | | 办公室(㎡) | | | | | | | | | | | | 理论教室(㎡) | | | | | | | | | | | | 实操场地(㎡) | | | | | |
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| 食堂(㎡) | | | | 宿舍(㎡) | | | | | | | | | | | | 其他\_\_\_\_\_\_\_\_(㎡) | | | | | | | | | | | | 其他\_\_\_\_\_\_\_\_(㎡) | | | | | |
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| 培训项目及层次 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 二、人 员 配 备(可另附页) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教职工总人数 | | | | |  | | | | 管理人员人数 | | | | | | | | | |  | | | | | | 持有教师资格证/上岗证人数 | | | | | |  |
| 兼职教师人数 | | | | |  | | | | 专职教师人数 | | | | | | | | | | | | | | | |  | | | | | | |
| 管 理 人员 | 姓 名 | | | | 性别 | | | 年龄 | | | | 文化程度 | | | | | | | | 专业职称(技能等级) | | | | | | | | | 职务 | | |
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| 教 学 人 员 | 姓 名 | | | | 性别 | | | 年龄 | | | | 文化程度 | | | | | | | | 专业职称(技能等级) | | | | | | | | | 任教专业 | | |
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| 三、培训仪器及设备(可另附页) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 设备名称 | | | | | | 型号规格 | | | | | | | | | 数量 | | | | | | 现值 | | | | | 产权归属 | | | | | | |
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| 四、培 训 情 况(可另附页) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 评估期  培训人数 | | |  | | | | 合格  人数 | | | | | |  | | | | | | | | | 合格率 | | | | | | | |  | | |
| 职业(工种) | | | | | | | 参加人社部门鉴定人数 | | | | | | | | | | | | | | | | | | | | | | | 参加其他部门鉴定人数 | | |
| 专项能力 | | | | 五级  (初级) | | | 四级  (中级) | | | | 三级  (高级) | | | | | 二级  (技师) | | | | 一级  (高 级 技 师) | | |
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五、民办职业培训机构法定代表人承诺

区人力资源和社会保障局：

谨此郑重承诺，本报告书所填内容真实有效。

法定代表人（签字）：

学 校（公章）：

年 月 日

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| 评估意见 | |
| 专家组意见 | 专家组签名： 年 月 日 |
| 保障部门意见  区人力资源社会 | 盖 章  年 月 日 |